FORMS REOUIRED:

FORM 1040, SCH A, SCH C, SCH SE, FORM 3800, FORM 4684, FORM 5884, FORM 5884A, FORM 8914, FORM 8915, IT540, SCH E, SCH D, SCH F, SCH H, SCH G FITDCW

INFORMATION RETURNS ATTACHED:

FORM W-2 (2)1099r (3)

ENTRIES NOT REQUIRING FORMS: STATEMENTS:

THIRD PARTY DESIGNEE: **NONE** 

PREPARED BY:

TAXPAYER: C/O LATEST O MACDONALD NAME: LATEST O MACDONALD

SSN: 400-00-4327 DOB: 8/14/1955 OCCUPATION: TRUCK DRIVER

DISABLED: NO PRES ELEC FUND: NO

**DAYTIME PHONE:** NOT GIVEN

BLIND: NO

SPOUSE:NAME: DAISY MACDONALD 400-00-2027 SSN:

DOB: 9/25/1955 OCCUPATION: **FARMER DISABLED**: NO

PRES ELEC FUND: NO **DECEASED** 10/15/2006

BLIND: NO CHECK DIGITS FROM IRS LABEL: DX

1 FIRST STREET APT 3 ADDRESS: NEW ORLEANS, LA 70122

225-219-4568

FILING STATUS: MARRIED FILING JOIN

LINE 6d: 4

DEPENDENT INFORMATION:

**NAME** AGE SSN RELATIONSHIP # MO JETHRO MACDONALD 18 400-55-3027 SON 12 ELLIE MAE MACDONALD 17 400-55-4027 DAUGHTER 12

**SCHEDULE A:** 

LINE 5 2.151 LINE 6 2,012 5,150 LINE 10 LINE 15a 250 Line 19 10,000

Note see form 4684 **SCHEDULE SE:** 

NAME: LATEST MACDONALD

SSN: 400-00-4327

SECTION A:

LINE 2: 3000

FORM 3800:				
PART I:				
LINE 1b:				500
SEE FORM 5884 LINE 1aa:				400
SEE FORM 5884A				400
LINE 5-7				0
PART II:				Ü
LINE 9				1063
LINE 12 A				0
FORM 4684:				
SECTION A:				
LINE 2:				10,000
LINE 5:				12,000
LINE 6:				0
LINE 11:				0
EODM 5004	Note: Hurricane Ka	trina Casualty After 8/24/05		
FORM 5884:		W 2000	`	500
LINE 1a: NOTE:	WACES WOL	Wages=2000 RKED AT LEAST 120 HOURS	)	500
FORM 5884 A	WAGES - WOI	RRED AT LEAST 120 HOURS		
LINE 1a				1000
LINE 3:				0
FORM 6251:				Ü
PART 1				
LINE 1				28572
LINE 3				4163
PART II				
LINE 29				58000
FORM 8914:				
Name:	DELI	L FARMER Displaced by Hurrican	e Katrina	
LINE 5:				500
FORM 8915:				
PART I:	a 1 500	b 1500	c	
LINE 2:	1,500	1500	0	
LINE 3:	1,800	1,800	0	
PART II. LINE: 8				YES
LINE: 10				150
LINE 11: Check Box				1350
PART III:	<u>.</u>			1330
LINE 20:				YES
LINE 21:				NO
LINE 24:				1800
LINE 26: Check Bo	ox			1800

SCHEDULE C:   NAME OF PROPRIETOR:   A00-00-4327     NAME OF PROPRIETOR:   400-00-4327     LINE A:   AGRICULTURAL PRODUCT SALES     LINE B:   11511     LINE D:   72-9687321     LINE C:   72-9687321     LINE G:   72-9687321     LINE S:   72-9687321     LINE S:   72-9687321     LINE S:   72-968732     LINE B:   72-968732     LIN		
SSN:         400-00-4327           LINE A:         AGRICULTURAL PRODUCT SALES           LINE B:         115110           LINE D:         72-9687321           LINE F:         CASH           LINE G:         YES           PART I:         LINE I:           LINE I:         46,375           STATUTORY EMPLOYEE BOX:         200           PART II:         200           LINE 8:         223           LINE 9:         666           LINE 10:         1,200           LINE 10:         1,200           LINE 17:         750           LINE 18:         92           LINE 17:         75           LINE 18:         92           LINE 22:         50           LINE 23:         225           LINE 25:         650           LINE 26:         2,100           SCHEDULE C:         2           PART III:         1           LINE 33:         COST           LINE 34:         NO           LINE 35:         51,800           LINE 36:         22,222           LINE 37:         10,125           LINE 38:         10,125		
LINE A:         AGRICULTURAL PRODUCT SALES           LINE B:         115110           LINE D:         72-9687321           LINE F:         CASH           LINE G:         YES           PART I:         LINE I:           LINE 1:         46,375           STATUTORY EMPLOYEE BOX :         200           PART II:         LINE 8:         223           LINE 9:         666           LINE 9:         666           LINE 10:         1,200           LINE 15:         75           LINE 17:         75           LINE 18:         92           LINE 22:         50           LINE 23:         225           LINE 26:         2,100           SCHEDULE C:         2           PART III:         LINE 33:         COST           LINE 33:         COST           LINE 34         NO           LINE 35:         51,800           LINE 36:         22,222           LINE 37:         10,125           LINE 38:         150           LINE 39:         100           LINE 41:         47,253           PART II         47,253		LATEST O MACDONALD
LINE B:	SSN:	400-00-4327
LINE D:         72-9687321           LINE F:         CASH           LINE G:         YES           PART I:         46,375           STATUTORY EMPLOYEE BOX:         200           LINE 1:         200           PART III:         110           LINE 9:         666           LINE 10:         1,200           LINE 17:         75           LINE 17:         75           LINE 18:         92           LINE 22:         50           LINE 23:         225           LINE 25:         650           LINE 26:         2,100           SCHEDULE C:         2           PART III:         1           LINE 33:         COST           LINE 34:         NO           LINE 35:         1,00           LINE 36:         22,222           LINE 37:         10,125           LINE 37:         10,125           LINE 38:         150           LINE 39:         100           LINE 41:         47,253           PART 1 V         NA           LOUISIANA IT 540         10           LINE 17B         19           LINE	LINE A:	AGRICULTURAL PRODUCT SALES
LINE F:         CASH           LINE G:         YES           PART I:         46,375           LINE 2:         200           PART III:         223           LINE 9:         666           LINE 10:         1,200           LINE 17:         75           LINE 18:         92           LINE 17:         75           LINE 18:         92           LINE 22:         50           LINE 23:         225           LINE 25:         650           LINE 26:         2,100           SCHEDULE C:         2           PART III:         1           LINE 33:         COST           LINE 34         NO           LINE 35:         51,800           LINE 36:         22,222           LINE 37:         10,125           LINE 38:         150           LINE 38:         150           LINE 39:         100           LINE 41:         47,253           PART II         47,253           PART II         47,253           PART II         47,253           LINE 40:         150           LINE 17A         1	LINE B:	115110
LINE G: PART I: LINE 1: 46,375	LINE D:	72-9687321
PART I:         46,375           LINE 1:         46,375           STATUTORY EMPLOYEE BOX:         200           PART II:         200           LINE 8:         223           LINE 9:         666           LINE 10:         1,200           LINE 15:         750           LINE 17:         75           LINE 18:         92           LINE 22:         50           LINE 23:         225           LINE 25:         650           LINE 26:         2,100           SCHEDULE C:           PART III:           LINE 33:         COST           LINE 34:         NO           LINE 35:         1,800           LINE 36:         22,222           LINE 37:         10,125           LINE 38:         150           LINE 38:         150           LINE 39:         100           LINE 41:         47,253           PART II:         47,253           PART II:         47,253           PART III:         47,253           LINE 37:         10,125           LINE 39:         100           LINE 41:	LINE F:	CASH
LINE 1: 46,375 STATUTORY EMPLOYEE BOX :  LINE 2: 200 PART II:  LINE 8: 223 LINE 9: 666 LINE 10: 1,200 LINE 15: 750 LINE 15: 755 LINE 18: 92 LINE 22: 50 LINE 23: 92 LINE 23: 225 LINE 25: 660 LINE 25: 650 LINE 26: 92 LINE 27: 750 LINE 38: 92 LINE 39: 700 LINE 35 51,800 LINE 36: 10,125 LINE 37: 10,125 LINE 38: 150 LINE 39: 100 LINE 39: 150 LINE 41: 47,253 PART IV N/A LOUISIANA IT 540 LINE 2: FIT DEDUCTION WORKSHEET 2005 LINE 17A 51 LINE 17A 51 LINE 17B 100 SCHEDULE E: 150 LINE 17C 100 SCHEDULE E: 150 LINE 18:	LINE G:	YES
STATUTORY EMPLOYEE BOX:       200         LINE 2:       200         PART II:	PART I:	
STATUTORY EMPLOYEE BOX:       200         LINE 2:       200         PART II:	LINE 1:	46,375
LINE 2:       200         PART II:       223         LINE 8:       223         LINE 9:       666         LINE 10:       1,200         LINE 15:       75         LINE 17:       75         LINE 18:       92         LINE 22:       50         LINE 23:       225         LINE 26:       2,100         SCHEDULE C:         PART III:       NO         LINE 33:       COST         LINE 34       NO         LINE 35       51,800         LINE 36:       22,222         LINE 37:       10,125         LINE 39:       150         LINE 39:       150         LINE 41:       47,253         PART 1V       N/A         LOUISLANA IT 540       100         LINE 2: FIT DEDUCTION WORKSHEET2005       LINE 178       193         LINE 17B       193         LINE 17B       193         LINE 17C       100         SCHEDULE E:       100         LINE 19:       25         LINE 1:       50         LINE 1:       50         LINE 2:       25	STATUTORY EMPLOYEE BOX :	,
PART II:       LINE 8:       223         LINE 9:       666         LINE 10:       1,200         LINE 15:       75         LINE 17:       75         LINE 18:       92         LINE 22:       50         LINE 23:       225         LINE 25:       650         LINE 26:       2,100         SCHEDULE C:         PART III:       LINE 33:       COST         LINE 34       NO         LINE 35       51,800         LINE 36:       22,222         LINE 37:       10,125         LINE 38:       150         LINE 38:       150         LINE 39:       100         LINE 39:       100         LINE 41:       47,253         PART IV       N/A         LOUISIANA IT 540       N/A         LINE 17B       193         LINE 17B       193         LINE 17C       100         SCHEDULE E:       25         LINE 41:       50         LINE 12:       25         LINE 15:       35         LINE 2:       25         LINE 3:       35     <		200
LINE 8:       223         LINE 9:       666         LINE 10:       1,200         LINE 15:       750         LINE 17:       75         LINE 18:       92         LINE 22:       50         LINE 23:       225         LINE 26:       2,100         SCHEDULE C:         PART III:       NO         LINE 33:       COST         LINE 34       NO         LINE 35       51,800         LINE 36:       22,222         LINE 37:       10,125         LINE 38:       150         LINE 38:       150         LINE 39:       100         LINE 41:       47,253         PART 1V       N/A         LOUISIANA IT 540       N/A         LINE 17A       51         LINE 17B       193         LINE 17C       100         SCHEDULE E:       100         SCHEDULE D:       100         LINE 40:       30         LINE 2:       25         LINE 3:       35         LINE 4:       35         LINE 4:       35         LINE 5:		
LINE 9:       666         LINE 10:       1,200         LINE 15:       750         LINE 17:       75         LINE 18:       92         LINE 22:       50         LINE 23:       225         LINE 26:       650         LINE 26:       2,100         SCHEDULE C:       COST         PART III:       LINE 33:       COST         LINE 34       NO         LINE 35       51,800         LINE 36:       22,222         LINE 37;       10,125         LINE 38:       150         LINE 38:       150         LINE 38:       150         LINE 39:       100         LINE 41:       47,253         PART IV       N/A         LOUISIANA IT 540       100         LINE 17A       51         LINE 17B       193         LINE 17C       100         SCHEDULE E:       100         SCHEDULE D:       25         LINE 1:       50         LINE 2:       25         LINE 3:       35         LINE 4:       35         LINE 5:       48		223
LINE 10: 1,200 LINE 15: 750 LINE 17: 755 LINE 18: 92 LINE 22: 50 LINE 22: 50 LINE 25: 650 LINE 26: 2,100 SCHEDULE C: PART III: LINE 33: COST LINE 34 NO LINE 35: 150 LINE 36: 22,222 LINE 37: 10,125 LINE 38: 150 LINE 39 100 LINE 39 100 LINE 39 100 LINE 39 100 LINE 41: 47,253 PART 1V NA LOUISIANA IT 540 LINE 17A 51 LINE 17B 193 LINE 17C 100 SCHEDULE E: LINE 4D2: QUALIFIED LA RETIREMENT PLAN 300 SCHEDULE E: LINE 4D2: QUALIFIED LA RETIREMENT PLAN 300 SCHEDULE D: LINE 1: 50 LINE 2: 51 LINE 2: 51 LINE 3: 51 LINE 4: 35 LINE 5: 48 SCHEDULE F: REFUNDABLE TAX CREDITS LINE 1: 4253		
LINE 15:		
LINE 17:       75         LINE 18:       92         LINE 22:       50         LINE 23:       225         LINE 25:       650         LINE 26:       2,100         SCHEDULE C:         PART III:         LINE 33:       COST         LINE 34       NO         LINE 35       51,800         LINE 36:       22,222         LINE 37:       10,125         LINE 38:       150         LINE 39       100         LINE 41:       47,253         PART IV       N/A         LOUISIANA IT 540       N/A         LINE 17A       51         LINE 17A       51         LINE 17B       193         LINE 17C       100         SCHEDULE E:       100         LINE 4D2:       20         QUALIFIED LA RETIREMENT PLAN       300         SCHEDULE D:       25         LINE 2:       25         LINE 3:       35         LINE 4:       35         LINE 5:       48         SCHEDULE F:       25         LINE 1:       4253		
LINE 18: 92 LINE 22: 50 LINE 23: 225 LINE 25: 650 LINE 26: 2,100 SCHEDULE C: PART III:  LINE 33: COST LINE 34 NO LINE 35 51,800 LINE 36: 22,222 LINE 37; 10,125 LINE 38: 150 LINE 38: 150 LINE 39 100 LINE 41: 47,253 PART 1V 100 LINE 41: 47,253 PART 1V LOUISIANA IT 540 LINE 2: FIT DEDUCTION WORKSHEET2005 LINE 17A 51 LINE 17B 193 LINE 17C 100 SCHEDULE E: LINE 4D2: 190 SCHEDULE B: LINE 4D2: 190 SCHEDULE D: LINE 1: 50 LINE 1: 50 LINE 1: 50 LINE 2: LINE 3: 35 LINE 3: 35 LINE 4: 35 LINE 5: 48 SCHEDULE F: REFUNDABLE TAX CREDITS LINE 1: 4253		
LINE 22:       50         LINE 23:       225         LINE 26:       2,100         SCHEDULE C:         PART III:         LINE 33:       COST         LINE 34       NO         LINE 35       51,800         LINE 36:       22,222         LINE 37;       10,125         LINE 38:       150         LINE 39       100         LINE 41:       47,253         PART 1V       N/A         LOUISIANA IT 540       1         LINE 17A       51         LINE 17B       193         LINE 17C       100         SCHEDULE E:         LINE 17C       100         SCHEDULE D:         LINE 12:       25         LINE 2:       25         LINE 2:       25         LINE 3:       35         LINE 5:       48         SCHEDULE F:       26         REFUNDABLE TAX CREDITS       4253         LINE 1:       4253		
LINE 23:       225         LINE 25:       650         LINE 26:       2,100         SCHEDULE C:       ************************************		
LINE 25:       650         LINE 26:       2,100         SCHEDULE C:         PART III:       COST         LINE 33:       COST         LINE 34       NO         LINE 35       51,800         LINE 36:       22,222         LINE 37;       10,125         LINE 38:       150         LINE 39       100         LINE 41:       47,253         PART IV       N/A         LOUISIANA IT 540       N/A         LINE 2: FIT DEDUCTION WORKSHEET2005       STACK		
LINE 26:       2,100         SCHEDULE C:       PART III:         LINE 33:       COST         LINE 34:       NO         LINE 35:       51,800         LINE 36:       22,222         LINE 37;       10,125         LINE 38:       150         LINE 39       100         LINE 41:       47,253         PART 1V       100         LINE 41:       51         LINE 17A       51         LINE 17B       193         LINE 17C       100         SCHEDULE E:       11         LINE 4D2:       20         QUALIFIED LA RETIREMENT PLAN       300         SCHEDULE D:       1         LINE 2:       25         LINE 3:       25         LINE 3:       35         LINE 4:       35         LINE 4:       35         LINE 5:       48         SCHEDULE F:       REFUNDABLE TAX CREDITS         LINE 1:       4253		
SCHEDULE C:         PART III:       COST         LINE 33:       COST         LINE 34       NO         LINE 35       \$1,800         LINE 36:       22,222         LINE 37;       10,125         LINE 38:       150         LINE 39       100         LINE 41:       47,253         PART IV       N/A         LOUISIANA IT 540       1         LINE 2: FIT DEDUCTION WORKSHEET2005       51         LINE 17A       51         LINE 17B       193         LINE 17C       100         SCHEDULE E:         LINE 4D2:       20         QUALIFIED LA RETIREMENT PLAN       300         SCHEDULE D:       50         LINE 2:       25         LINE 3:       35         LINE 4:       35         LINE 4:       35         LINE 5:       48         SCHEDULE F:       REFUNDABLE TAX CREDITS         LINE 1:       4253		
PART III:         LINE 33:       COST         LINE 34       NO         LINE 35       51,800         LINE 36:       22,222         LINE 37:       10,125         LINE 38:       150         LINE 39       100         LINE 39       100         LINE 41:       47,253         PART IV       N/A         LOUISIANA IT 540       N/A         LINE 2: FIT DEDUCTION WORKSHEET2005       TINE 17A         LINE 17A       51         LINE 17B       193         LINE 17C       100         SCHEDULE E:       1         LINE 4D2:       2         QUALIFIED LA RETIREMENT PLAN       300         SCHEDULE D:       2         LINE 1:       50         LINE 2:       25         LINE 3:       35         LINE 4:       35         LINE 5:       48         SCHEDULE F:       REFUNDABLE TAX CREDITS         LINE 1:       4253		2,100
LINE 33:       COST         LINE 34       NO         LINE 35       51,800         LINE 36:       22,222         LINE 37;       10,125         LINE 38:       150         LINE 39       100         LINE 41:       47,253         PART 1V       N/A         LOUISIANA IT 540       N/A         LINE 2: FIT DEDUCTION WORKSHEET2005       1         LINE 17A       51         LINE 17B       193         LINE 17C       100         SCHEDULE E:         LINE 4D2:       2         QUALIFIED LA RETIREMENT PLAN       300         SCHEDULE D:         LINE 1:       50         LINE 2:       25         LINE 3:       35         LINE 4:       35         LINE 5:       48         SCHEDULE F:       REFUNDABLE TAX CREDITS         LINE 1:       4253		
LINE 34       NO         LINE 35       51,800         LINE 36:       22,222         LINE 37;       10,125         LINE 38:       150         LINE 39       100         LINE 41:       47,253         PART 1V       N/A         LOUISIANA IT 540       1         LINE 2: FIT DEDUCTION WORKSHEET2005       51         LINE 17A       51         LINE 17B       193         LINE 17C       100         SCHEDULE E:         LINE 4D2:       20         QUALIFIED LA RETIREMENT PLAN       300         SCHEDULE D:         LINE 1:       50         LINE 2:       25         LINE 3:       35         LINE 4:       35         LINE 5:       48         SCHEDULE F:       REFUNDABLE TAX CREDITS         LINE 1:       4253		COST
LINE 35       51,800         LINE 36:       22,222         LINE 37;       10,125         LINE 38:       150         LINE 39       100         LINE 41:       47,253         PART 1V       N/A         LOUISIANA IT 540       1         LINE 2: FIT DEDUCTION WORKSHEET2005       1         LINE 17A       51         LINE 17B       193         LINE 17C       100         SCHEDULE E:         LINE 4D2:       20         QUALIFIED LA RETIREMENT PLAN       300         SCHEDULE D:         LINE 1:       50         LINE 2:       25         LINE 3:       35         LINE 4:       35         LINE 5:       48         SCHEDULE F:       REFUNDABLE TAX CREDITS         LINE 1:       4253		
LINE 36:       22,222         LINE 37;       10,125         LINE 38:       150         LINE 39       100         LINE 41:       47,253         PART 1V       N/A         LOUISIANA IT 540       1         LINE 2: FIT DEDUCTION WORKSHEET2005       1         LINE 17A       51         LINE 17B       193         LINE 17C       100         SCHEDULE E:         LINE 4D2:       300         QUALIFIED LA RETIREMENT PLAN       300         SCHEDULE D:         LINE 1:       50         LINE 2:       25         LINE 3:       35         LINE 4:       35         LINE 4:       35         LINE 5:       48         SCHEDULE F:         REFUNDABLE TAX CREDITS       4253		
LINE 37;       10,125         LINE 38:       150         LINE 39       100         LINE 41:       47,253         PART IV       N/A         LOUISIANA IT 540       ************************************		
LINE 38:       150         LINE 39       100         LINE 41:       47,253         PART 1V       N/A         LOUISIANA IT 540       ****         LINE 2: FIT DEDUCTION WORKSHEET2005       ****         LINE 17A       51         LINE 17B       193         LINE 17C       100         SCHEDULE E:         LINE 4D2:       ****         QUALIFIED LA RETIREMENT PLAN       300         SCHEDULE D:         LINE 1:       50         LINE 2:       25         LINE 3:       35         LINE 3:       35         LINE 4:       35         LINE 5:       48         SCHEDULE F:         REFUNDABLE TAX CREDITS       4253		
LINE 39       100         LINE 41:       47,253         PART 1V       N/A         LOUISIANA IT 540       ************************************		
LINE 41:       47,253         PART 1V       N/A         LOUISIANA IT 540       ************************************		
PART 1V       N/A         LOUISIANA IT 540       INE         LINE 2: FIT DEDUCTION WORKSHEET2005       51         LINE 17A       51         LINE 17B       193         LINE 17C       100         SCHEDULE E:         LINE 4D2:       20         QUALIFIED LA RETIREMENT PLAN       300         SCHEDULE D:         LINE 1:       50         LINE 2:       25         LINE 3:       35         LINE 4:       35         LINE 5:       48         SCHEDULE F:       48         REFUNDABLE TAX CREDITS       LINE 1:         LINE 1:       4253		
LOUISIANA IT 540         LINE 2: FIT DEDUCTION WORKSHEET2005         LINE 17A       51         LINE 17B       193         LINE 17C       100         SCHEDULE E:         LINE 4D2:       20         QUALIFIED LA RETIREMENT PLAN       300         SCHEDULE D:         LINE 1:       50         LINE 2:       25         LINE 3:       35         LINE 4:       35         LINE 5:       48         SCHEDULE F:       48         REFUNDABLE TAX CREDITS       4253		
LINE 2: FIT DEDUCTION WORKSHEET2005         LINE 17A       51         LINE 17B       193         LINE 17C       100         SCHEDULE E:         LINE 4D2:       300         QUALIFIED LA RETIREMENT PLAN       300         SCHEDULE D:         LINE 1:       50         LINE 2:       25         LINE 3:       35         LINE 4:       35         LINE 5:       48         SCHEDULE F:         REFUNDABLE TAX CREDITS       4253		N/A
LINE 17A       51         LINE 17B       193         LINE 17C       100         SCHEDULE E:         LINE 4D2:       300         QUALIFIED LA RETIREMENT PLAN         SCHEDULE D:         LINE 1:       50         LINE 2:       25         LINE 3:       25         LINE 3:       35         LINE 4:       35         LINE 5:       48         SCHEDULE F:         REFUNDABLE TAX CREDITS       4253		
LINE 17B       193         LINE 17C       100         SCHEDULE E:         LINE 4D2:       300         QUALIFIED LA RETIREMENT PLAN         SCHEDULE D:         LINE 1:       50         LINE 2:       25         LINE 3:       25         LINE 3:       35         LINE 4:       35         LINE 5:       48         SCHEDULE F:         REFUNDABLE TAX CREDITS       4253		
LINE 17C       100         SCHEDULE E:          LINE 4D2:          QUALIFIED LA RETIREMENT PLAN       300         SCHEDULE D:          LINE 1:       50         LINE 2:       25         LINE 3:       25         LINE 4:       35         LINE 5:       48         SCHEDULE F:         REFUNDABLE TAX CREDITS         LINE 1:       4253		
SCHEDULE E:         LINE 4D2:       300         QUALIFIED LA RETIREMENT PLAN       300         SCHEDULE D:         LINE 1:       50         LINE 2:       25         LINE 3:       35         LINE 4:       35         LINE 5:       48         SCHEDULE F:         REFUNDABLE TAX CREDITS         LINE 1:       4253		
LINE 4D2:       300         QUALIFIED LA RETIREMENT PLAN       300         SCHEDULE D:       50         LINE 1:       50         LINE 2:       25         LINE 3:       35         LINE 4:       35         LINE 5:       48         SCHEDULE F:         REFUNDABLE TAX CREDITS       4253		100
QUALIFIED LA RETIREMENT PLAN       300         SCHEDULE D:       50         LINE 1:       50         LINE 2:       25         LINE 3:       35         LINE 4:       35         LINE 5:       48         SCHEDULE F:       FEFUNDABLE TAX CREDITS         LINE 1:       4253		
SCHEDULE D:         LINE 1:       50         LINE 2:       25         LINE 3:       35         LINE 4:       35         LINE 5:       48         SCHEDULE F:       48         REFUNDABLE TAX CREDITS       4253	LINE 4D2:	
LINE 1:       50         LINE 2:       25         LINE 3:       35         LINE 4:       35         LINE 5:       48         SCHEDULE F:         REFUNDABLE TAX CREDITS       4253		300
LINE 2:       25         LINE 3:       35         LINE 4:       35         LINE 5:       48         SCHEDULE F:         REFUNDABLE TAX CREDITS       4253	SCHEDULE D:	
LINE 3:       35         LINE 4:       35         LINE 5:       48         SCHEDULE F:         REFUNDABLE TAX CREDITS       4253	LINE 1:	50
LINE 4: 35 LINE 5: 48 SCHEDULE F: REFUNDABLE TAX CREDITS LINE 1: 4253	LINE 2:	25
LINE 5: 48  SCHEDULE F: REFUNDABLE TAX CREDITS LINE 1: 4253	LINE 3:	35
SCHEDULE F: REFUNDABLE TAX CREDITS LINE 1: 4253	LINE 4:	35
SCHEDULE F: REFUNDABLE TAX CREDITS LINE 1: 4253	LINE 5:	48
REFUNDABLE TAX CREDITS LINE 1: 4253		
LINE 1: 4253		
		4253
OCIMED CEE III	SCHEDULE H:	

# SEE FIT DEDUCTION WORKSHEET

SCHEDULE G: NON-REFUNDABLE TAX CREDITS LINE 4: LINE 11:		900 25
FORMS INCLUDED:		
FORM 1040, FORM W-2 (2)		
Form 1040:	I ATEGIT O MA CDOM	A I D
Taxpayer's first name, initial, last name	LATEST O MACDON	
Taxpayer's social security number Spouse's first name, initial, last name	400-00-4 DAISY MACDON	
Spouse's social security number	400-00-	
Home address (number and street)	1 FIRST STREET A	
City, state, and zip	NEW ORLEANS LA	
Filing status	MARRIED FILING JOIN	
Line 6a: Yourself (exemption)		X
Line 6b:Spouse (exemption)		X
Number of boxes checked on 6a and 6b		2
Line 6c:Dependent #1:		
Name	JETHRO MACDONA	LD
Social security number	400-55-30	27
Relationship	SC	ON
Dependent #2:		
Name	ELLIE MAE MACDONA	
Social security number	400-55-4	
Relationship	DAUGHT	
Number of children who lived with you		2
Line 6d:Total number of exemptions claimed	27	4
Line 7: Wages, salaries, and tips		967
Line 12:Business Income or Loss (Schedule C) Line 15a:IRA Distributions		000 800
Line 15b:Taxable amount of IRA distributions (8915)		800 800
Line 16a:Pensions and annuities		500
Line 16b:Taxable amount of pensions and annuities (8915)		350
Line 22:Total income		117
Line 27:One-half of self-employment tax		212
Line 36:Add lines 23 through 31a and 32 through 35		212
Line 37: Adjusted gross income	439	905
Line 38:Enter amount from line 37	439	905
Line 40:Itemized deductions or standard deduction	19:	563
Line 41:Subtract line 40 from line 38		342
Line 42: Multiply \$3300 by the total number of exemptions claimed		700
Line 43:Taxable income		642
Line 44:Tax		063
Line 46:Add lines 44 and 45		063
Line 55:Other credits (3800)	Ş	900
Line 55a:Form 3800		X
Line 55c:Specify		X
Literal Line 56:Total credits	C	000
Line 57:Subtract line 56 from line 46		.63
Line 58:Self-employment tax		24
Line 63:Total tax	7	- •
	F.O.F.	

Line 64:Federal income tax withheld Line 72:Total payments LINE 73: AMOUNT YOU OVERPAID LINE 74A: AMOUNT YOU WANT REFUNDED Third party designee: Taxpayer's occupation: Spouse's occupation:	2299 2299 1712 1712 NO TRUCK DRIVER FARMER
FORM W-2 #1: Box b:Employer identification number Box c:Employer's name, address, and zip code	72-8765421 TURNIP TRUCK PRODUCE 8439 VEGGIE LANE
Box d:Employee's social security number Box e:Employee's first name, initial, and last name Box f:Employee's address and zip code	VINING LA 70121 400-00-4327 LATEST O MACDONALD 1 FIRST STREET APT 3 NEW ORLEANS LA 70122
Box 1:Wages, tips, other compensation Box 2:Federal income tax withheld Box 3:Social security wages Box 4:Social security tax withheld Box 5:Medicare wages and tips Box 6:Medicare tax withheld Box 15:StateLAEmployer's state ID number	30000 1749 30000 1860 30000 435 3614213001
Box 16:State wages, tips, etc Box 17:State income tax	30000 2100
FORM W-2 #2: Box b:Employer identification number Box c:Employer's name, address, and zip code	72-6651220 PACK AND MOVE 321 TRAVELLERS REST SUNSHINE LA 70121
Box d:Employee's social security number Box e:Employee's first name, initial, and last name Box f:Employee's address and zip code	400-00-4327 LATEST O MACDONALD 1 FIRST STREET APT 3 NEW ORLEANS LA 70122
Box 1:Wages, tips, other compensation Box 3:Social security wages Box 4:Social security tax withheld Box 5:Medicare wages and tips Box 6:Medicare tax withheld Box 15:StateLAEmployer's state ID number	7967 7967 494 7967 116 4201241001
Box 15:State Wages, tips, etc Box 17:State income tax	4201241001 7967 26

FORM 1099-R #1:

Payer's name, street address, city, state, and zip

PROVOLONE CREDIT UNION

106 PROVOL ONE CENTEER

106 PROVOLONE CENTER SANDWICH MA 02563

Payer's federal identification number 72-2131324

Recipient's identification number 400-00-4327

Recipient's name

Recipient's street address

Recipient's city, state, and zip

LATEST O MACDONALD

1 FIRST STREET APT 3

NEW ORLEANS LA 70122

Box 1:Gross Distribution 1800
Box 2a:Taxable amount 1800

Box 4:Federal income tax withheld

400

Box 7:Distribution code 7 IRA/SEP/SIMPLEX

Box 11:State/payer's state number LA/4362197001

Form 1099-R #2:

RETIREMENT DATE (092006)

Payer's name, street address, city, state, and zip LOUISIANA ASSOCIATED RETIREMENT

1402 RESTFUL WAY ATLANTA LA 70301

Payer's federal identification number 72-1466321

Recipient's identification number 400-00-2027 Recipient's name DAISY MACDONALD

Recipient's street address 1 FIRST STREET APT 3
Recipient's city, state, and zip NEW ORLEANS LA 70122

Box 1:Gross Distribution 1200
Box 2a:Taxable amount 1050

Box 2b:Taxable amount not determined

Total distribution

Box 3:Capital gain (included in box 2a)

Box 4:Federal income tax withheld 150

Box 5:Employee contributions

Box 6:Net unrealized appreciation in securities

Box 7:Distribution code 7 IRA/SEP/SIMPLE

Box 8:Other

Box 9a:Percentage of total distribution

Box 9b:Total employee contributions

Box 10:State tax withheld 25

Box 11:State/payer's state number LA 3302888001

BOX 12: STATE DISTRIBUTION 1200

**BOX 12: STATE DISTRIBUTION** 

Form 1099-R #3: RETIREMENT DATE (092006)Payer's name, street address, city, st RAILROAD RETIREMENT SYSTEM 1402 RESTWAY ST ATLANTA LA 70301 Payer's federal identification number 72-1469321 Recipient's identification number 400-00-4327 Recipient's name LATEST MACDONALD Recipient's street address 1 FIRST STREET APT 3 Recipient's city, state, and zip NEW ORLEANS LA 70122 Box 1:Gross Distribution 300 Box 2a:Taxable amount 300 Box 2b:Taxable amount not determined Total distribution Box 3:Capital gain (included in box 2a) Box 4:Federal income tax withheld 0 Box 5:Employee contributions Box 6:Net unrealized appreciation in securities Box 7:Distribution code 7 IRA/SEP/SIMPLE Box 8:Other Box 9a:Percentage of total distribution Box 9b:Total employee contributions Box 10:State tax withheld 0 Box 11:State/payer's state LA 3302888001

300

2006 RESIDENT RETURN	
NAME CHANGE BOX	
DECENDANT FILING BOX	
DECENDANT SPOUSE FILING BOX	
ADDRESS CHANGE BOX	
SOCIAL SECURITY NUMBER	400-00-4327
SOCIAL SECURITY NUMBER SPOUSE AMENDED RETURN	400-00-2027
NAME	LATEST MACDONALD
SPOUSE NAME	DAISY MACDONALD
PRESENT ADDRESS	1 FIRST STREET APT 3
CITY STATE ZIP	NEW ORLEANS LA 70122
FILING STATUS	MFJ
EXEMPTIONS:	2
TOTAL EXEMPTIONS	4
7 FEDERAL AUDJUSTED GROSS INCOME	42705
8 LESS FEDERAL INCOME TAX	1734
9 YOUR LOUISIANA TAX TABLE INCOME	40971
10 YOUR LOUISIANA INCOME TAX	915
11A OTHER NON REFUNDABLE TAX CREDITS	75
11D TOTAL NONREFUNDABLE TAX CREDITS	75
12 ADJUSTED LOUISIANA INCOME TAX	840
14 TOTAL INCOME TAX AND CONSUMER USE TAX	840
15B OTHER REFUNDABLE CREDITS	4253
15C AMOUNT OF TAX WITHHELD FOR 2006	2151
15H TOTAL REFUNDABLE CREDITS AND PAYMENTS	6404
16 OVERPAYMENT	5564
17A CONTRIBUTION TO MILITARY FAMILY ASSITANCE FUND	51
17B AOUNT TO DONATE TO VARIOUS CHARITIES	193
17C CONTRIBUTION TO START	100
18 SUBTOTAL	344
19 AMOUNT TO BE REFUNDED	5220
2006 ADJUSTMENTS TO INCOME	
SCHEDULE E	
1 FEDERAL ADJUSTED GROSS INCOME	43905
3 TOTAL	43905
4D2 OTHER RETIREMENT BENEFITS	300
	09/2006
4J TOTAL	300
4L NONTAXABLE INCOME	300
5A LOUISIANA ADJUSTED GROSS INCOME before IRC 280C Ad	justment 43605
5B IRC 280(C) Wage Expense Adjustment	900
5C LOUISIANA ADJUSTED GROSS INCOME	42705

2006 DONATION SCHEDULE	
1 WILDLIFE HABITAT AND NATURAL HERITAGE TRUST FUND	50
2 LOUSIANA CANCER TRUST FUND – PROSTATE CANCER	25
3 LOUISIANA ANIMAL WELFARE COMMISSION	35
4 LOUISIANA HOUSING TRUST FUND	35
5 COMMUNITY BASED PRIMARY HEALTH CARE FUND	48
6 TOTAL DONATIONS	193
2006 REFUNDABLE TAX CREDITS	
1 INVENTORY TAX CREDIT	4253
9 TOTAL	4253
2006 NONREFUNDABLE TAX CREDITS	
SCHEDULE G	
4 CREDIT FOR CERTAIN FEDERAL CREDITS	
4A SEE INSTRUCTIONS	900
4B MULTIPLY LINE 3A BY 10%	25
6 EDUCATION CREDIT	50
11 TOTAL NON REFUNDABLE CREDITS	75
2006 MODIFIED FEDERAL INCOME TAX INFORMATION	
SCHEDULE H	
1 ENTER AMOUNT FROM LINE 2A OF THE FITDCW	19563
2 ENTER AMOUNT FROM LINE	
2B OF THE FITDCW	10300
3 ENTER AMOUNT FROM LINE 5A OF THE FITDCW	10642
4 ENTER AMOUNT FROM LINE 7A OF THE FITDCW	0
5 ENTER AMOUNT FROM LINE 8A OF THE FITDCW	1063
6 ENTER AMOUNT FROM LINE 9A OF THE FITDCW	900
7 ENTER AMOUNT FROM LINE 11 OF THE FITDCW	400

#### LA TEST # 12(WITHOUT HURRICANE FORMS)

FORMS REQUIRED:

FORM 1040, SCH A, SCH C, SCH SE, FORM 3800, FORM 4684, FORM 6251, IT540, SCH E, SCH D,

SCH F, SCH H, SCH G FITDCW

INFORMATION RETURNS ATTACHED: FORM W-2 (2)1099r (3)

ENTRIES NOT REQUIRING FORMS: STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: **NONE** 

PREPARED BY:

TAXPAYER: C/O LATEST O MACDONALD NAME: LATEST O MACDONALD

SSN: 400-00-4327 8/14/1955 DOB:

OCCUPATION: TRUCK DRIVER DISABLED: NO

PRES ELEC FUND: NO **DAYTIME PHONE: NOT GIVEN** 

BLIND: NO

SPOUSE:NAME: DAISY MACDONALD

SSN: 400-00-2027 DOB: 9/25/1955 OCCUPATION: **FARMER** DISABLED: NO PRES ELEC FUND: NO 10/15/2006 **DECEASED** 

**BLIND:** NO

CHECK DIGITS FROM IRS LABEL: DX ADDRESS: 1 FIRST STREET APT 3

SUNSHINE, LA 70122

225-219-4568 FILING STATUS: MARRIED FILING JOIN

LINE 6d: 4

**DEPENDENT INFORMATION:** 

**NAME** AGE SSN RELATIONSHIP # MO JETHRO MACDONALD 18 400-55-3027 SON 12 ELLIE MAE MACDONALD 17 400-55-4027 DAUGHTER 12

SCHEDULE A:

LINE 5 2,151 LINE 6 2.012 LINE 10 5,150 LINE 15a 250 Line 19 5,500

Note see form 4684 **SCHEDULE SE:** 

NAME: LATEST MACDONALD SSN:

400-00-4327

SECTION A:

LINE 2: 2940

LA TEST # 12 FORM 3800:		
PART I:		
LINE 1b:		1300
SEE FORM 5884		0
LINE 1z:		0
FORM 4684:		
SECTION A:		
LINE 2:		10,000
LINE 5:		12,000
LINE 6: LINE 11:		0
LINE II.	Note: NO Hurricane Katrina Casualty After 8/24/05	O
FORM 5884:	21000 210 22022000 2202200 00000000 22002 012 1102	
PART I:		
LINE 1a:	2,000Wages	500
NOTE:	WAGES - WORKED AT LEAST 120 HOURS	000
LINE 1b:	2,000Wages NOTE: WAGES - WORKED AT LEAST 400 HOURS	800
FORM 6251:	NOTE. WAGES - WORKED AT LEAST 400 HOURS	
PART 1		
LINE 1		28936
LINE 3		4163
PART II		<b>*</b> 0000
LINE 29		58000
COHEDIN E C.		
SCHEDULE C: NAME OF PROPRIE	TOR: LATEST O MA	ACDONAL D
SSN:		400-00-4327
LINE A:	AGRICULTURAL PROD	UCT SALES
LINE B:		115110
LINE D:		72-9687321
LINE F:		CASH
LINE G: PART I:		YES
LINE 1:		54,340
STATUTORY EMPL	OYEE BOX :	2 .,2 . 0
LINE 2:		200
PART II:		
LINE 8:		223
LINE 9:		666 1 200
LINE 10: LINE 15:		1,200 750
LINE 17:		75 75
LINE 18:		92
LINE 22:		50
LINE 23:		225
LINE 25:		650
LINE 26:		10,125

SCHEDULE C:	
PART III:	
LINE 33:	COST
LINE 34	NO
LINE 35	51,800
LINE 36:	22,222
LINE 37;	10,125
LINE 38:	150
LINE 39	100
LINE 41:	47,253
PART 1V	N/A
LOUISIANA IT 540	
LINE 2: FIT DEDUCTION WORKSHEET2005	
LINE 17A	51
LINE 17B	193
LINE 17C	100
SCHEDULE E:	
LINE 4D2:	
QUALIFIED LA RETIREMENT PLAN	300
SCHEDULE D:	
LINE 1:	50
LINE 2:	25
LINE 3:	35
LINE 4:	35
LINE 5:	48
SCHEDULE F:	
REFUNDABLE TAX CREDITS	
LINE 1:	4253
SCHEDULE H:	
SEE FIT DEDUCTION WORKSHEET	
SCHEDULE G:	
NON-REFUNDABLE TAX CREDITS	
LINE 4:	1300
LINE 11:	25

FORMS INCLUDED:

FORM 1040, FORM W-2 (2)

Form 1040:

Taxpayer's first name, initial, last name LATEST O MACDONALD Taxpayer's social security number 400-00-4327 Spouse's first name, initial, last name DAISY MACDONALD Spouse's social security number 400-00-2027 Home address (number and street) 1 FIRST STREET APT 3 City, state, and zip **SUNSHINE LA 70122** Filing status MARRIED FILING JOINTLY Line 6a: Yourself (exemption) X Line 6b:Spouse (exemption) X Number of boxes checked on 6a and 6b 2

Line 6c:Dependent #1:

Name JETHRO MACDONALD Social security number 400-55-3027 Relationship SON

Dependent #2:

Name ELLIE MAE MACDONALD Social security number 400-55-4027 Relationship **DAUGHTER** Number of children who lived with you 2 Line 6d:Total number of exemptions claimed 4 Line 7: Wages, salaries, and tips 37967 Line 12:Business Income or Loss (Schedule C) 2940 Line 15a:IRA Distributions 1800 Line 15b:Taxable amount of IRA distributions (8915) 1800

Line 16a:Pensions and annuities 1500 Line 16b:Taxable amount of pensions and annuities (8915) 1500 Line 22:Total income 44207 208

Line 27:One-half of self-employment tax Line 36:Add lines 23 through 31a and 32 through 35 208 Line 37: Adjusted gross income 43999 Line 38:Enter amount from line 37 43999 Line 40:Itemized deductions or standard deduction 15063

Line 41:Subtract line 40 from line 38 28936 Line 42: Multiply \$3300 by the total number of exemptions claimed on line 6d (8914) 13200

Line 43:Taxable income 15736 Line 44:Tax 1604 Line 46:Add lines 44 and 45 1604 Line 55:Other credits (3800) 1300 X

Line 55a:Form 3800 Line 55c:Specify X

Literal Line 56:Total credits 1300 Line 57:Subtract line 56 from line 46 304 Line 58:Self-employment tax 415

Line 63:Total tax 719

Line 64:Federal income tax withheld Line 72:Total payments LINE 73: AMOUNT YOU OVERPAID LINE 74A: AMOUNT YOU WANT REFUNDED Third party designee: Taxpayer's occupation: Spouse's occupation:	2299 2299 1580 1580 NO TRUCK DRIVER FARMER
FORM W-2 #1:	72 9765421
Box b:Employer identification number Box c:Employer's name, address, and zip code	72-8765421 TURNIP TRUCK PRODUCE 8439 VEGGIE LANE VINING LA 70121
Box d:Employee's social security number Box e:Employee's first name, initial, and last name Box f:Employee's address and zip code	400-00-4327 LATEST O MACDONALD 1 FIRST STREET APT 3 SUNSHINE LA 70122
Box 1:Wages, tips, other compensation Box 2:Federal income tax withheld Box 3:Social security wages Box 4:Social security tax withheld	30000 749 30000 1860
Box 5:Medicare wages and tips Box 6:Medicare tax withheld Box 15:StateLAEmployer's state ID number Box 16:State wages, tips, etc	30000 435 3614213001 30000
Box 17:State income tax	2100
FORM W-2 #2: Box b:Employer identification number Box c:Employer's name, address, and zip code	72-6651220 PACK AND MOVE 321 TRAVELLERS REST SUNSHINE LA 70121
Box d:Employee's social security number Box e:Employee's first name, initial, and last name Box f:Employee's address and zip code	400-00-4327 LATEST O MACDONALD 1 FIRST STREET APT 3 SUNSHINE LA 70122
Box 1:Wages, tips, other compensation Box 3:Social security wages Box 4:Social security tax withheld Box 5:Medicare wages and tips Box 6:Medicare tax withheld	7967 7967 494 7967 116
Box 15:StateLAEmployer's state ID number Box 16:State wages, tips, etc Box 17:State income tax	4201241001 7967 26

FORM 1099-R #1:

Payer's name, street address, city, state, and zip PROVOLONE CREDIT UNION

106 PROVOLONE CENTER

SANDWICH MA 02563

Payer's federal identification number 72-2131324

Recipient's identification number 400-00-4327 Recipient's name LATEST O MACDONALD

Recipient's street address 1 FIRST STREET APT 3 Recipient's city, state, and zip SUNSHINE LA 70122

Box 1:Gross Distribution 1800 Box 2a:Taxable amount 1800

Box 4:Federal income tax withheld 400 7 Box 7:Distribution code IRA/SEP/SIMPLEX

Box 11:State/payer's state number LA/4362197001

Form 1099-R #2:

RETIREMENT DATE (092006)

Payer's name, street address, city, state, and zip LOUISIANA ASSOCIATED RETIREMENT

1402 RESTFUL WAY ATLANTA LA 70301

Payer's federal identification number 72-1466321

Recipient's identification number 400-00-2027 Recipient's name DAISY MACDONALD

Recipient's street address 1 FIRST STREET APT 3 Recipient's city, state, and zip SUNSHINE LA 70122

Box 1:Gross Distribution 1200 Box 2a:Taxable amount 1200

Box 2b:Taxable amount not determined

Total distribution

Box 3:Capital gain (included in box 2a)

Box 4:Federal income tax withheld 150

Box 5:Employee contributions

Box 6:Net unrealized appreciation in securities

Box 7:Distribution code IRA/SEP/SIMPLE

Box 8:Other

Box 9a:Percentage of total distribution

Box 9b:Total employee contributions

Box 10:State tax withheld 25 LA 3302888001 Box 11:State/payer's state number

**BOX 12: STATE DISTRIBUTION** 1200

Form 1099-R #3:

RETIREMENT DATE (092006)

Payer's name, street address, city, st RAILROAD RETIREMENT SYSTEM

1402 RESTWAY ST ATLANTA LA 70301

Payer's federal identification number 72-1469321

Recipient's identification number 400-00-4327

Recipient's name

Recipient's street address

Recipient's city, state, and zip

LATEST MACDONALD

1 FIRST STREET APT 3

SUNSHINE LA 70122

Recipient's city, state, and zip SUNSHINE LA 70122 Box 1:Gross Distribution 300

Box 2a:Taxable amount 300

Box 2b:Taxable amount not determined

Total distribution

Box 3:Capital gain (included in box 2a)

Box 4:Federal income tax withheld 0

Box 5:Employee contributions

Box 6:Net unrealized appreciation in securities

Box 7:Distribution code 7 IRA/SEP/SIMPLE

Box 8:Other

Box 9a:Percentage of total distribution

Box 9b:Total employee contributions

Box 10:State tax withheld 0

Box 11:State/payer's state LA 3302888001

BOX 12: STATE DISTRIBUTION 300

17B AOUNT TO DONATE TO VARIOUS CHARITIES19317C CONTRIBUTION TO START100	LA TEST #12  2006 RESIDENT RETURN  NAME CHANGE BOX  DECENDANT FILING BOX  DECENDANT SPOUSE FILING BOX  ADDRESS CHANGE BOX  SOCIAL SECURITY NUMBER  SOCIAL SECURITY NUMBER SPOUSE AMENDED RETURN  NAME  SPOUSE NAME  PRESENT ADDRESS  CITY STATE ZIP  FILING STATUS  EXEMPTIONS:  TOTAL EXEMPTIONS  7 FEDERAL AUDJUSTED GROSS INCOME  8 LESS FEDERAL INCOME TAX  9 YOUR LOUISIANA TAX TABLE INCOME  10 YOUR LOUISIANA INCOME TAX  11A OTHER NON REFUNDABLE TAX CREDITS  11D TOTAL NONREFUNDABLE TAX CREDITS  12 ADJUSTED LOUISIANA INCOME TAX  14 TOTAL INCOME TAX AND CONSUMER USE TAX  15B OTHER REFUNDABLE CREDITS  15C AMOUNT OF TAX WITHHELD FOR 2006  15H TOTAL REFUNDABLE CREDITS AND PAYMENTS  16 OVERPAYMENT	400-00-4327 400-00-2027 LATEST MACDONALD DAISY MACDONALD 1 FIRST STREET APT 3 SUNSHINE LA 70122 MFJ 2 4 42399 1016 41383 935 75 75 75 860 860 4253 2151 6404 5544
		51 193
	2006 ADJUSTMENTS TO INCOME SCHEDULE E 1 FEDERAL ADJUSTED GROSS INCOME 3 TOTAL 4D2 OTHER RETIREMENT BENEFITS	43999 43999 300
SCHEDULE E 1 FEDERAL ADJUSTED GROSS INCOME 3 TOTAL 43999	4J TOTAL 4L NONTAXABLE INCOME 5A LOUISIANA ADJUSTED GROSS INCOME Before IRC 280C 5B IRC 280(C) Wage Expense Adjustment 5C LOUISIANA ADJUSTED GROSS INCOME	09/2006 300 300 43699 1300 42399
SCHEDULE E         1 FEDERAL ADJUSTED GROSS INCOME       43999         3 TOTAL       43999         4D2 OTHER RETIREMENT BENEFITS       300         69/2006       09/2006         4J TOTAL       300         4L NONTAXABLE INCOME       300         5A LOUISIANA ADJUSTED GROSS INCOME Before IRC 280C       43699         5B IRC 280(C) Wage Expense Adjustment       1300	2006 DONATION SCHEDULE  1 WILDLIFE HABITAT AND NATURAL HERITAGE TRUST FUND  2 LOUSIANA CANCER TRUST FUND – PROSTATE CANCER  3 LOUISIANA ANIMAL WELFARE COMMISSION  4 LOUISIANA HOUSING TRUST FUND  5 COMMUNITY BASED PRIMARY HEALTH CARE FUND  6 TOTAL DONATIONS	50 25 35 35 48 193

LA TEST # 12	
2006 REFUNDABLE TAX CREDITS	
1 INVENTORY TAX CREDIT	4253
9 TOTAL	4253
2006 NONREFUNDABLE TAX CREDITS	
SCHEDULE G	
4 CREDIT FOR CERTAIN FEDERAL CREDITS	
4A SEE INSTRUCTIONS	1300
4B MULTIPLY LINE 3A BY 10%	25
6 EDUCATION CREDIT	50
11 TOTAL NON REFUNDABLE CREDITS	75